



DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)
DASA TARGET DETOX SHORT FORM

AGENCY NUMBER

CLIENT IDENTIFICATION

1. LAST NAME		2. FIRST NAME		3. MIDDLE NAME																													
4. OTHER LAST NAME		5. DATE OF BIRTH	6. SOCIAL SECURITY NUMBER*		7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female																												
8. SPANISH/HISPANIC/LATINO (CHECK ONE BOX ONLY) <input type="checkbox"/> Cuban <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Other Spanish/Hispanic/Latino <input type="checkbox"/> Refused to answer																																	
9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY) <table border="0"><tr><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Guamanian</td><td><input type="checkbox"/> Native American</td><td><input type="checkbox"/> Samoan</td><td rowspan="2">Tribal Code (No. 1) _____</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Hawaiian (Native)</td><td><input type="checkbox"/> Other Asian</td><td><input type="checkbox"/> Thai</td></tr><tr><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> Other Pacific Islander</td><td><input type="checkbox"/> Vietnamese</td><td rowspan="2">Tribal Code (No. 2) _____</td></tr><tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Other Race</td><td><input type="checkbox"/> White/European American</td></tr><tr><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> Laotian</td><td><input type="checkbox"/> Refused to Answer</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Middle East</td><td></td><td></td><td></td><td></td></tr></table>						<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Native American	<input type="checkbox"/> Samoan	Tribal Code (No. 1) _____	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hawaiian (Native)	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Thai	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Vietnamese	Tribal Code (No. 2) _____	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Race	<input type="checkbox"/> White/European American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Refused to Answer			<input type="checkbox"/> Middle East				
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TREATMENT INFORMATION

BEGIN DATE	BEGIN TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	END DATE	END TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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KEY CODES

PST CODES 1 - Primary 2 - Secondary 3 - Tertiary	ADMINISTRATION CODES Inhalation (I) Oral (O) Injection (J) Other (X) Intra nasal (N) Smoking (S)	FREQUENCY OF USE/PEAK PER MONTH 1 - No use 4 - 13 or more Times 2 - 1 to 3 Times 5 - Daily 3 - 4 to 12 Times 6 - Unknown
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SUBSTANCE USE HISTORY

1. IN THE FOLLOWING TABLE DESCRIBE SUBSTANCE USE WITH KEY CODES ABOVE.

P S T	SUBSTANCE	AD (CODE)	AGE OF FIRST USE	FREQUENCY OF USE CODE IN LAST 30 DAYS (CODE)	PEAK USE IN LAST YEAR (CODE)	DATE LAST USED	AMOUNT TAKEN/COMMENTS
	Alcohol						
	Amphetamines						
	Barbiturates						
	Benzodiazepines						
	Cocaine						
	Hallucinogens						
	Heroin						
	Inhalants						
	Major tranquilizers						
	Marijuana – Cannabis						
	Methamphetamine						
	No substance abuse						
	Other:						
	Other Sedatives or Hypnotics						
	Other Opiates and Synthetics						
	Over the Counter						

* The Social Security Act provides for the collection of Social Security Number to assist in the administration of public funded programs.

DASA TARGET DETOX SHORT FORM

CLIENT NAME				AGENCY NUMBER		STAFF IDENTIFICATION	
SUBSTANCE USE HISTORY (CONTINUED)							
KEY CODES							
PST CODES 1 - Primary 2 - Secondary 3 - Tertiary		ADMINISTRATION CODES Inhalation (I) Oral (O) Injection (J) Other (X) Intra nasal (N) Smoking (S)			FREQUENCY OF USE/PEAK PER MONTH 1 - No use 4 - 13 or more Times 2 - 1 to 3 Times 5 - Daily 3 - 4 to 12 Times 6 - Unknown		
SUBSTANCE	AD (CODE)	AGE OF FIRST USE	FREQUENCY OF USE CODE IN LAST 30 DAYS (CODE)	PEAK USE IN LAST YEAR (CODE)	DATE LAST USED	AMOUNT TAKEN/COMMENTS	
PCP							
Prescribed Opiate Substitute							
Substance Unknown							
Tobacco products (can not be primary)							

2. User defined option:

3. CONTRACT (CHECK ONE BOX ONLY)
☐ Adult Outpatient ☐ Criminal Justice (CJ) ☐ Other/None ☐ Pregnant/Post Partum ☐ Youth Treatment

4. FUND SOURCE (CHECK ONE BOX ONLY)
☐ Agency Funded ☐ Federal Direct ☐ Private Pay ☐ State DSHS (Non DASA)
☐ County Community Services ☐ Other ☐ State Direct ☐ State Non DSHS

5. TITLE XIX FUNDED 6. INSURANCE PAYMENT (CHECK ONE BOX ONLY)
☐ Yes ☐ No ☐ Less than 50% ☐ 50% or greater ☐ No Insurance Payment

7. FEE STATUS (CHECK ONE BOX ONLY)
☐ Client Will Pay No Fee ☐ Client Will Pay Full Fee ☐ Client Will Pay Partial Fee

8. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)
☐ ADATSA (if ADATSA is only source) ☐ None
☐ Applicant ☐ Refugee Assistance
☐ General Assistance – Presumptive Disability (GAX) ☐ Supplemental Security Income (SSI)
☐ General Assistance – Unemployable (GAU) ☐ Temporary Assistance for Needy Families (TANF)
☐ Medical Assistance Only

9. ENTRY REFERRAL (CHECK ALL THAT APPLY)

<input type="checkbox"/> ADATSA Assessment Center	<input type="checkbox"/> Diversion	<input type="checkbox"/> Other Health Care Provider
<input type="checkbox"/> At Risk Youth (ARY/CHINS)	<input type="checkbox"/> DSHS Community Services Office	<input type="checkbox"/> Health Care Provider
<input type="checkbox"/> Attorney	<input type="checkbox"/> Employer/EAP	<input type="checkbox"/> Police
<input type="checkbox"/> BECCA Involved	<input type="checkbox"/> First Steps or PPP Case	<input type="checkbox"/> School/Education
<input type="checkbox"/> Court/Probation	<input type="checkbox"/> Group Care	<input type="checkbox"/> Self/Family
<input type="checkbox"/> DCFS/CPS	<input type="checkbox"/> Involuntary Commitment	<input type="checkbox"/> Social Security Administration
<input type="checkbox"/> Department of Corrections (DOC)	<input type="checkbox"/> JRA	<input type="checkbox"/> TASC
<input type="checkbox"/> Department of Licensing (DOL)	<input type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Other:
<input type="checkbox"/> Detoxification Facility	<input type="checkbox"/> Other Alcohol/Drug Facility	

10. DETOX END REFERRAL (CHECK ALL THAT APPLY)

<input type="checkbox"/> ADATSA Assessment Completed	<input type="checkbox"/> Not Amenable to Treatment/Lacks Engagement
<input type="checkbox"/> Involuntary Treatment (ITA)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical/Dental Services	<input type="checkbox"/> Referred to CD Treatment
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Self-Help Group
<input type="checkbox"/> None	<input type="checkbox"/> Transitional Housing

11. DISCHARGE OR CLOSURE TYPE (CHECK ONE BOX ONLY)

<input type="checkbox"/> Client Died	<input type="checkbox"/> Inappropriate Admission	<input type="checkbox"/> Transferred to Different Facility
<input type="checkbox"/> Completed Treatment	<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Withdrew Against Program Advice
<input type="checkbox"/> Funds Exhausted	<input type="checkbox"/> Rule Violation	<input type="checkbox"/> Withdrew With Program Advice

12. GOVERNING COUNTY	13. HOMELESS OR ON THE STREET <input type="checkbox"/> Yes <input type="checkbox"/> No	14. RECOMMENDED ASAM PLACEMENT LEVEL
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